

IS YOUR BACK PAIN ANKYLOSING SPONDYLITIS?

What Is Ankylosing Spondylitis?

Unlike ordinary back pain, ankylosing spondylitis (AS) is not caused by physical trauma to the spine. Rather, it is a chronic condition caused by inflammation in the vertebrae (the bones of the spine). AS is a form of spinal arthritis. Although intermittent flare-ups of spinal pain and stiffness are the most common symptoms, the disease can also affect other joints, as well as the eyes and the intestines. In advanced AS, abnormal bone growth in the vertebrae may cause joints to fuse, severely reducing mobility. Patients may also experience vision problems, or inflammation in other joints, such as the knees and ankles.

Who Is the Typical Patient?

AS is more likely to affect young men, but it can strike males or females. Initial symptoms usually appear in the late teen to early adult years. AS can develop at any age, however. The tendency to develop the disease is inherited, but not everyone with these marker genes will develop the disease.

What Are the Warning Signs?

Sign #1: Unexplained pain in the lower back.

Typical back pain often feels better after rest. AS is the opposite. Pain and stiffness are usually worse upon waking. While exercise may make ordinary back pain worse, AS symptoms may actually feel better after exercise. Lower back pain for no apparent reason is not typical in young people. Teens and young adults who complain of stiffness or pain in the lower back or hips should be evaluated for AS. Pain is often located in the sacroiliac joints, where the pelvis and spine meet.

Sign #2: You have a family history of AS.

There is no single test for AS. Diagnosis involves a detailed patient history and physical exam. Your doctor may also order imaging tests, such as computed tomography (CT), magnetic resonance imaging (MRI), or X-ray. Some experts believe MRI should be used to diagnose AS in the early stages of the disease, before it shows up on X-ray. People with certain genetic markers are susceptible to AS. But not all people who have the genes develop the disease, for reasons that remain unclear. If you have a relative with either AS, psoriatic arthritis, or arthritis related to inflammatory bowel disease, you may have inherited genes that put you at greater risk for AS.

Sign #3: You're young, and you have unexplained pain in the heel(s), joints, or chest.

Instead of back pain, some AS patients first experience pain in the heel, or pain and stiffness in the joints of the wrists, ankles, or other joints. Some patient's rib bones are affected, at the point where they meet the spine. This can cause tightness in the chest that makes it hard to breathe.

Sign #4: Your pain may come and go, but it's gradually moving up your spine. And it's getting worse.

AS is a chronic, progressive disease. Although exercise and/or pain medications may help temporarily, the disease may gradually worsen. Symptoms may come and go, but they won't stop completely. Often the pain and inflammation spread from the low back up the spine. If left untreated, vertebrae may fuse together, causing a forward curvature of the spine, or humpbacked appearance (kyphosis).

What Should You Do?

We recommend you see a doctor or a specialist in rheumatology. They will perform an exam, blood tests, and possibly an X-ray. Treatment may involve prescription anti-inflammatories or specific drugs for AS. **Physical therapy can be helpful for maintaining range of motion, chest and rib mobility, and flexibility. As AS is a collagen disease that affects joints and soft tissue, manual therapy can be very beneficial as well as education on a home exercise program.**



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